



DEPARTMENT OF ENVIRONMENTAL RESOURCES MANAGEMENT  
 COASTAL RESOURCES SECTION  
 MARINE FACILITIES OPERATING PERMIT PROGRAM  
 701 NW 1<sup>st</sup> Court, Suite 600 MIAMI, FLORIDA 33136-3912  
 Phone (305) 372-6575 Fax: (305) 372-6479 E-mail: dermcrr@miamidade.gov

## **APPLICATION FOR MARINE FACILITIES ANNUAL OPERATING PERMIT**

Date: \_\_\_\_\_

### **1. GENERAL INFORMATION**

Name of Facility: \_\_\_\_\_

Facility Owner: \_\_\_\_\_

Onsite Contact: \_\_\_\_\_ Telephone Number: \_\_\_\_\_

Facility Address: \_\_\_\_\_

\_\_\_\_\_ Folio No: \_\_\_\_\_

Cell Phone Number: \_\_\_\_\_ E-mail: \_\_\_\_\_

Type of Marine Facility: \_\_\_\_\_

Number of Wet Slips: \_\_\_\_\_ Number of Dry Slips: \_\_\_\_\_

Number of Recreational Vessels: \_\_\_\_\_

*(recreational vessels are any vessel used by its owner or operator for noncommercial purposes)*

Number of Commercial Vessels: \_\_\_\_\_

*(commercial vessels are any vessel wherein a consideration is paid by the user either directly or indirectly to the owner, operator or custodian of the vessel; or any vessel engaged in the taking of saltwater fish or saltwater products for sale either to the consumer, retail dealer or wholesale dealer)*

Number of Power Vessels (includes PWC): \_\_\_\_\_ Number of Sailing Vessels: \_\_\_\_\_

Days per Year in Operation: \_\_\_\_\_ Days per Week in Operation: \_\_\_\_\_

Hours per Day in Operation: \_\_\_\_\_

Number of Employees: \_\_\_\_\_ Seasonal Operation: From \_\_\_\_\_ To \_\_\_\_\_

Business Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ Fax: \_\_\_\_\_ e-mail: \_\_\_\_\_

Other Dade County Permit Nos.: \_\_\_\_\_

Emergency Contact Person: \_\_\_\_\_ Cell phone: \_\_\_\_\_

**2. Type of Waste Generated**

(Check One or More)

☐ Acids  
☐ Waste Oil  
☐ Waste Diesel  
☐ Waste Gasoline  
☐ Solvents  
☐ Transmission Fluid  
☐ Oily Bilge Water  
☐ Chemicals  
☐ Wastewater from Steam  
☐ Cleaning Operations  
☐ Lead Acid Batteries  
☐ Pesticides  
☐ Other (Please Specify)

\_\_\_\_\_

\_\_\_\_\_

**Type of Material Stored**

(Check One or More)

☐ Acids  
☐ Oil  
☐ Diesel Fuel  
☐ Gasoline  
☐ Transmission Fluid  
☐ Solvents  
☐ Paint Strippers  
☐ Varnish  
☐ Paints (Other)  
☐ Bottom Paint  
☐ Chemicals  
☐ Resins  
☐ Caustics  
☐ Other (Please Specify)

\_\_\_\_\_

\_\_\_\_\_

**3. WASTE GENERATION - METHOD AND LOCATION OF DISPOSAL**

Specify Types of Waste Generated and Name and Address of Disposal Company used for each type of waste and frequency of pick-up.

LIQUID WASTE (Oil, Solvents, Transmission Fluid, Washwaters, etc.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Frequency: \_\_\_\_\_

Type: \_\_\_\_\_

SLUDGE WASTE (Still Bottoms, Treatment, Recirculation, or Separation System Sludges, etc.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Frequency: \_\_\_\_\_

Type: \_\_\_\_\_

SOLID WASTE (Dry Chemicals, Empty Chemical Containers, Contaminated Rags, etc.)

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Frequency: \_\_\_\_\_

Type: \_\_\_\_\_

**OTHER WASTE**

Name: \_\_\_\_\_

Address: \_\_\_\_\_

Frequency: \_\_\_\_\_

Type: \_\_\_\_\_

**4. WATER SUPPLY**

Name of Utility Company: \_\_\_\_\_

Number of Wells: \_\_\_\_\_

Volume Used Annually: \_\_\_\_\_

**5. SEWAGE DISPOSAL**

Number of sewage pump-outs \_\_\_\_\_ Number of sewage pump-outs operational \_\_\_\_\_

Facility Served by Septic Tank: Yes \_\_\_\_\_ No \_\_\_\_\_

Facility Served by Sanitary Sewer: Yes \_\_\_\_\_ No \_\_\_\_\_

**6. INDUSTRIAL WASTEWATER** (Other than Sewage)

Method of Generation: \_\_\_\_\_

Method of Disposal: \_\_\_\_\_

Facility Served by Septic Tank: Yes \_\_\_\_\_ No \_\_\_\_\_

Provide Copy of most recent bill from Water &amp; Sewer Company.

**7. INDUSTRIAL WASTE** Estimated Production Rate of Industrial Waste. (Attach additional sheets as necessary; refer to question #2).

<b><u>Type of Waste</u></b>	<b><u>Storage, Treatment Containment, or Disposal Device</u></b>	<b><u>Dimension and Descriptive Data</u></b>	<b><u>Volume Stored/Mo.</u></b>

**8. RAW MATERIALS STORAGE**

<u>Name</u>	<u>Quantity</u>	<u>Type (Chemicals, etc.)</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

**9. STORAGE TANK**

- A. Aboveground Capacity: \_\_\_\_\_ Type Product: \_\_\_\_\_
- B. Underground Capacity: \_\_\_\_\_ Type Product: \_\_\_\_\_
- C. Attach Material Safety Data Sheets for quantities of chemicals over 5 gallons.
- D. Sketch or attach photographs of facility showing storage, waste generation and disposal areas.

**10. HURRICANE EVACUATION INFORMATION**

- A. Do you require boat owners to remove their vessels in the event of a hurricane? \_\_\_\_ Yes \_\_\_\_ No
- B. If yes, when do you require them to leave? \_\_\_\_\_ Hours Before \_\_\_\_\_ Days Before
- C. Do you have sanctions against owners who do not remove their boats? \_\_\_\_ Yes \_\_\_\_ No
- D. During past hurricane warnings, approximately how many boats remained in your marina? \_\_\_\_\_
- E. Does your marina have a hurricane preparedness plan? \_\_\_\_ Yes \_\_\_\_ No
- F. If yes, is it made available to all boat owners in your marina? \_\_\_\_ Yes \_\_\_\_ No
- G. Percentage of the boats in your marina is owned by people who live outside Miami-Dade County \_\_\_\_\_ %

**BOAT DOCKING AND BOAT STORAGE FACILITIES FEE SCHEDULE**

**Actual Permit Fees to be assessed upon application review by Marina Operating Program staff.**

<u>A. Wet Slips/Dry Storage</u>	<u>Annual Fee</u>
1. Recreational facility	\$ 75 + \$7 / slip up to a maximum of \$1,060
2. Commercial facility	\$140 + \$7 / slip up to a maximum of \$1,060
3. Recreational or commercial with repairs, maintenance, fueling or other industrial activity	\$265 + \$7 / slip up to a maximum of \$1,380

ENVIRONMENTAL RESOURCES MANAGEMENT  
COASTAL RESOURCES SECTION  
MARINE FACILITIES OPERATING PERMIT PROGRAM  
701 NW 1<sup>st</sup> Court, Suite 600  
MIAMI, FLORIDA 33136-3912

The under signed owner or authorized representative\* of \_\_\_\_\_ is fully aware that the statements made in this application for an operating permit are true, correct, and complete to the best of the applicant's knowledge and belief.

**\* Please attach notarized Letter of Authorization.**

\_\_\_\_\_  
Signature, Owner or Authorized Representative  
(Notarization is mandatory)

\_\_\_\_\_  
Typed Name and Title

Sworn to and subscribed before me this \_\_\_\_\_ day of \_\_\_\_\_ 20\_\_\_\_.

\_\_\_\_\_  
Notary Public

(For DERM Use Only)

Date Received: \_\_\_\_/\_\_\_\_/\_\_\_\_

Approved By: \_\_\_\_\_

Certificate of Occupancy No.: \_\_\_\_\_

Occupational License No.: \_\_\_\_\_

Other Dade County Permit Nos.: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_